

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10908

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3062**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3723 Minnesota Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3723 Minnesota Avenue**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **21st**
year **1947** hour **10** minute **40** A. M.
21. I hereby certify that I attended the deceased from **August**
19. **47** to **March 20**, 19. **1947**
that I last saw him alive on **March 21**, 19. **47**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic myocardites**
Due to **arteriosclerosis and hypertension**
Other conditions: _____
(Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature **Michael M. Karl** (M. D. or other) _____
Address **3720 Washington Blvd** Date signed _____

3. (a) PRINT FULL NAME **Otto Gropp, Jr.**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Anna M.** 6. (c) Age of husband or wife if alive **61** years
7. Birth date of deceased **June 13th, 1878**
(Month) (Day) (Year)

8. AGE: Years **68** Months **9** Days **8**
If less than one day hr. _____ min. _____

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business **Lever Bros.**

12. Name **Otto Gropp**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna M. Gropp**

(b) Address **3723 Minnesota, St. Louis, Mo.**

17. (a) **burial** (b) Date thereof **Mar. 24, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Paul's Church Yard**

18. (a) Signature of funeral director **Wacker-Keller U. & L.**

(b) Address **3634 Gravois, St. Louis, Mo.**

19. (a) **MAR 22 1947** (b) **J. F. Bredack**
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Robert C. Wheeler

Licensed Embalmer No. 2178

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.